

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. G.		7/20/00
O.I.P.E. CLASSIFIER	ASB		7/23/00
FORMALITY REVIEW	MA	549	9.12.00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/26/00
2	✓	✓	9/26/00
3	✓	✓	9/26/00
4	✓	✓	9/26/00
5	✓	✓	9/26/00
6	✓	✓	9/26/00
7	✓	✓	9/26/00
8	✓	✓	9/26/00
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47	✓	✓	9/26/00
48	✓	✓	9/26/00
49	✓	✓	9/26/00
50	✓	✓	9/26/00

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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